

REC'D APR 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10314

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway. Registration District No. 104
(b) Township Burbon. Primary Registration District No. 5156 Registered No. 74
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Lutie Miller Morris. 620

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June. 16th. 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 9 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife.

9. Industry or business in which work was done, as saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME John Thomas Baker.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary C. Miller,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. Wesley Scruggs. (ADDRESS) Fulton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Millersburg, Mo. DATE 3/17/3819. FUNERAL DIRECTOR (NAME) Herndon-Taylor Turn- (ADDRESS) Fulton, Mo.20. FILED Mar. 16, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1938

I HEREBY CERTIFY, that I attended deceased from Jan 1, 1938, to Mar 16, 1938
I last saw her alive on Mar 13, 1938 Death is said to have occurred on the date stated above, at 3. A. m.

The principal cause of death and related causes of importance were as follows:

Paralysis Left Side
Due to hypertensive vessel of brain

Date of onset

Other contributory causes of importance

Arteriosclerosis
Hypertension

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) A. J. Johnson, M. D.
(Address) Fulton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. E. Henderson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed W. E. Henderson

Licensed Embalmer No. 2280

P. O. Address Fulton. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.